



PROGRESS REPORT

ON THE TENNCARE PARTNERS PROGRAM

FISCAL YEAR 2006

State of Tennessee
Bureau of TennCare and
Department of Mental Health and Developmental Disabilities
Division of Managed Care
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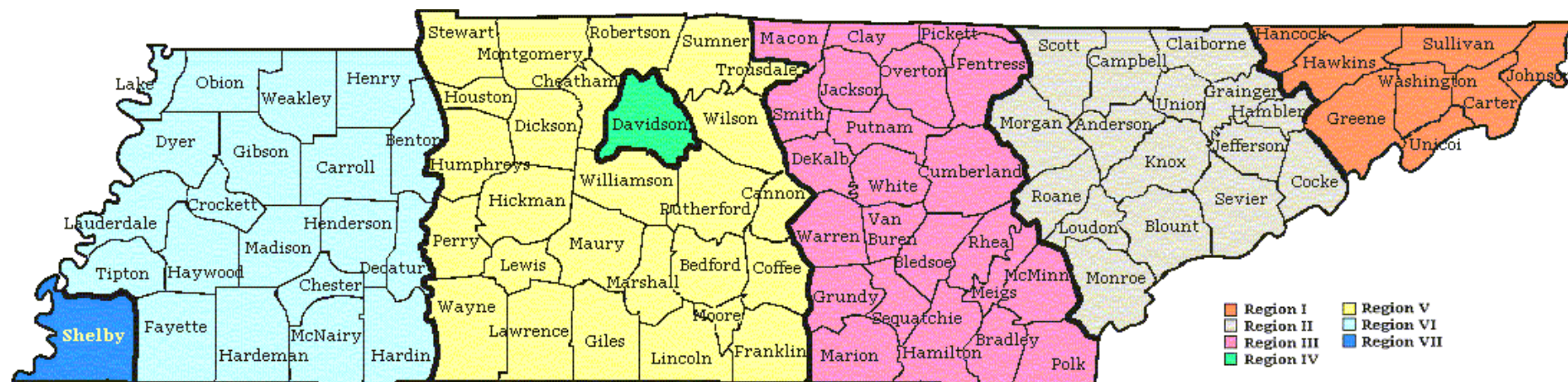
EXECUTIVE SUMMARY

During fiscal year 2006, there were over 1.5 million individuals eligible to receive services through the TennCare Partners Program. The eligibility period for these individuals varied. Nine percent (140,108) of the total eligibles are members of the priority population. Children under the age of 18 account for 26% of the priority population (36,156). The greatest number of priority adults reside in Region 2, while the greatest number of priority children reside in Region 5. There has been a statewide decrease in the number of non-priority adult enrollees from FY05, as a result of TennCare disenrollment reform begun in early FY06. The largest share of adult enrollees (40%) reside in the East grand region, while the number of child enrollees are distributed evenly across the three regions.

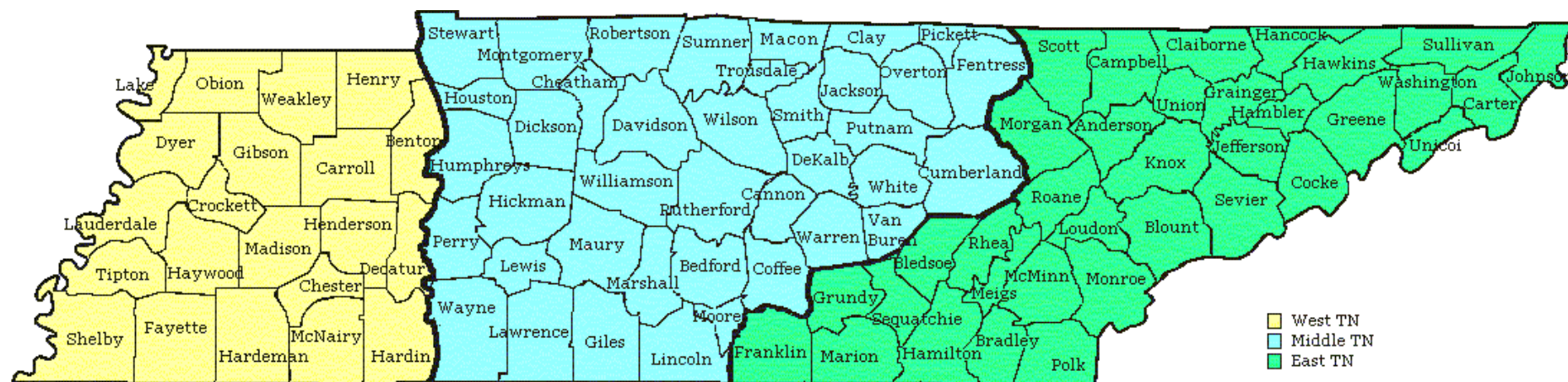
Of the individuals eligible to receive services, 161,789 unduplicated enrollees were served by TennCare Partners during FY06 (10.4%). Of these, 110,807 are members of the priority population. Eighty percent of priority adults and 96% of priority children received a behavioral health service during the year. The rate of priority persons served per 1000 eligibles is slightly higher for blacks than for whites in all three grand regions. For the entire non-priority population the rates are highest for whites in all grand regions.

The service types accessed by the most enrollees were mental health case management, medication management, and outpatient therapy. The highest rate of case management service utilization per 1000 eligibles occurred in Lauderdale County. For medication management the highest rate was in Henderson County, and for outpatient therapy it was Knox County. The rate for Psychiatric Hospitalization was highest in Lawrence, Unicoi, and Washington Counties.

Mental Health and Developmental Disabilities Planning Regions



TennCare Grand Regions



DESCRIPTION OF TERMS USED IN THIS REPORT

CRG (Clinically Related Group): Defining and classifying consumers 18 years or older into clinically related groups involves diagnosis, the severity of functional impairment, the duration of severe functional impairment, and the need for services to prevent relapse. Based on these criteria, there are five clinically related groups:

Group 1 - Persons with Severe and Persistent Mental Illness (SPMI)

Group 2 - Persons with Severe Mental Illness (SMI)

Group 3 - Persons who were Formerly Severely Impaired and need services to prevent relapse

Group 4 - Persons with Mild or Moderate Mental Disorder

Group 5 - Persons who are not in CRGs 1 – 4 as a result of their diagnosis being substance use disorder, developmental disorder, or V-codes

Judicial: A coverage category for uninsured service recipients in the State of Tennessee who require involuntary psychiatric inpatient and outpatient services through a Regional Mental Health Institute (state operated hospital), TDMHDD approved private inpatient facility or outpatient treatment provider. Predetermined eligibility criteria must be met for service recipients to qualify for this coverage.

Non-Priority: Persons who are deemed not SPMI by having a CRG rating of Group 4 or Group 5 for persons 18 years and older or are deemed not SED by having a TPG rating of Group 3 or Group 4 for persons less than 18 years of age.

Priority: Persons who are deemed Severely and/or Persistently Mentally Ill by having a Clinically Related Group rating of Group 1, 2 or 3 for persons 18 years and older or are deemed Seriously Emotionally Disturbed by having a Target Population Group rating of Group 2 for persons under 18 years of age.

SED (Seriously Emotionally Disturbed): Persons who have been identified by the TDMHDD or its designee as meeting the criteria provided below:

- (a) Person under the age of 18, and
- (b) Currently, or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV-TR (and subsequent revisions) of the American Psychiatric Association with the exception of V-codes, substance use, and developmental disorders, unless these disorders co-occur with another diagnosable disturbance other than above exclusions. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects; and
- (c) The diagnosable disorder identified above has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, and community activities. Functional impairment is defined as difficulties that substantially interfere with or limit a child in achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills and is evidenced by a Global Assessment of Functioning (GAF) score of 50 or less in accordance with the DSM-IV-TR (and subsequent revisions). Children and adolescents who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

SPMI (Seriously or Persistently Mentally Ill): Persons who have been identified by TDMHDD or its designee as meeting the following criteria:

- (a) Age 18 and over; and
- (b) Currently, or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within DSM-IV-TR (and subsequent revisions) of the American Psychiatric Association, with the exception of DSM-IV-TR V-codes, substance use disorders, and developmental disorders, unless these disorders co-occur with another diagnosable serious mental illness other than above exclusions. All of these disorders have episodic, recurrent, or persistent features, however, they vary in terms of severity and disabling effects; and
- (c) The diagnosable disorder identified above has resulted in functional impairment that substantially interferes with or limits major life activities. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in major life activities including basic living skills (e.g., eating, bathing, dressing); instrumental living skills (maintaining a household, managing money, getting around in the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts. This definition includes adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services.

TPG (Target Population Group): An assessment mechanism for children and adolescents under the age of 18 to determine a service recipient's level of functioning and severity of impairment due to a mental illness. Based on these criteria, there are three target population groups:

Group 2 - Seriously Emotionally Disturbed (SED)

Group 3 - At Risk of a (SED)

Group 4 - Persons who do not meet criteria TPG Group 2 or 3

State Only: A coverage category for uninsured service recipients who are classified in the priority population in the State of Tennessee and require behavioral health services on an inpatient or outpatient basis. Predetermined eligibility criteria must be met for service recipients to qualify for this coverage.

DESCRIPTION OF SERVICES COVERED IN THIS REPORT

Service Utilization Categories in this report are aggregates of similar services.

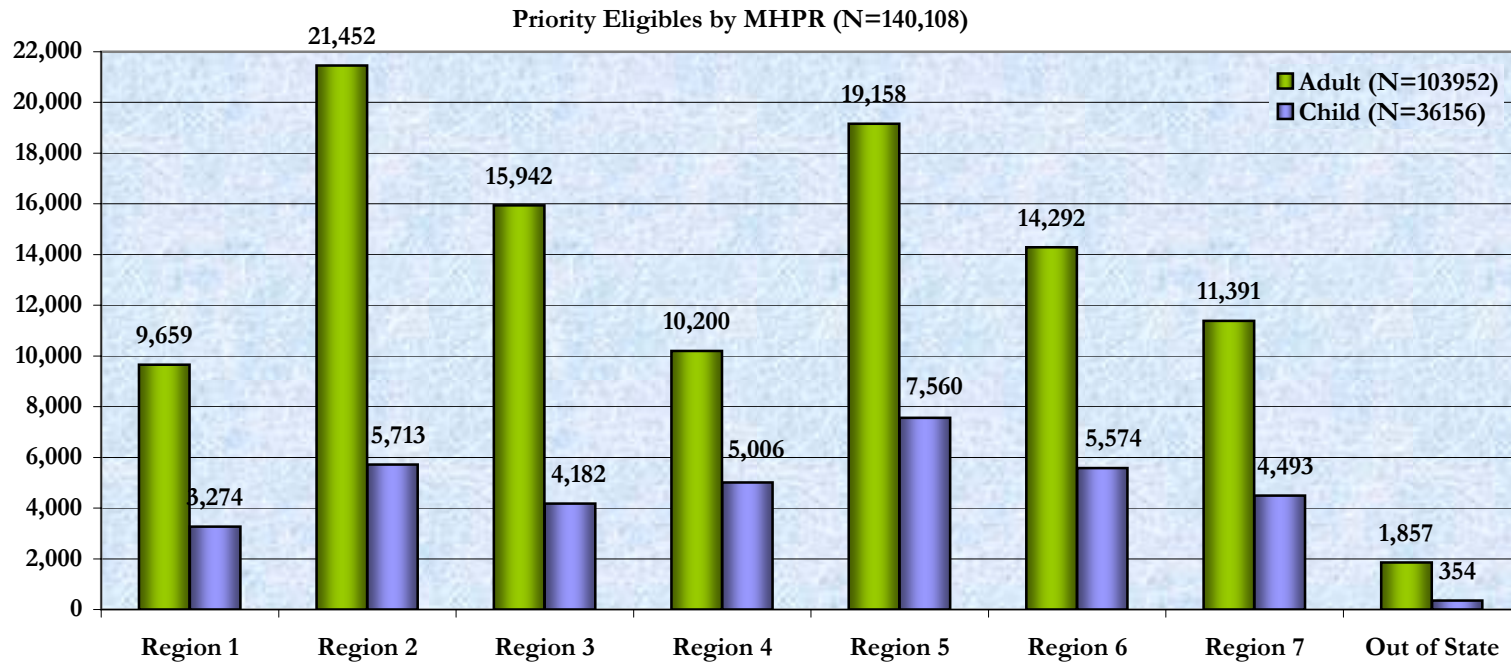
Case Management: Procedure codes H0004 and T1016 (case management).

Medication Management: CPT codes 90805, 90807, 90809, 90811, 90813, 90815, 90862, 90882, M0064 (psychiatric therapeutic procedures with medication management).

Outpatient Therapy Services: The following codes in conjunction with a primary diagnosis that is *not* substance abuse: CPT codes 90801 (psychiatric diagnostic interview exam) for adults age 21 and older, 90802 (psychiatric diagnostic interview exam), 90804, 90806, 90808, 90810, 90812, 90814 (psychiatric therapeutic procedures, outpatient), 90845-90857 (other psychotherapy), 90841-90844 (individual medical psychotherapy with physician), 99212-99213, H0034 (follow-up OP), revenue codes 919 (intensive outpatient program), 902-910 (psychiatric/psychological treatments, therapy), 914-917 (psychiatric/psychological services, therapy), 941 (other therapeutic services, recreational therapy), 942 (other therapeutic services, education/training) in conjunction with outpatient bill type (all bill types excluding 11x).

Psychiatric Hospitalization: Revenue codes 204 and 1x4, where x represents any digit (R&B, psychiatric).

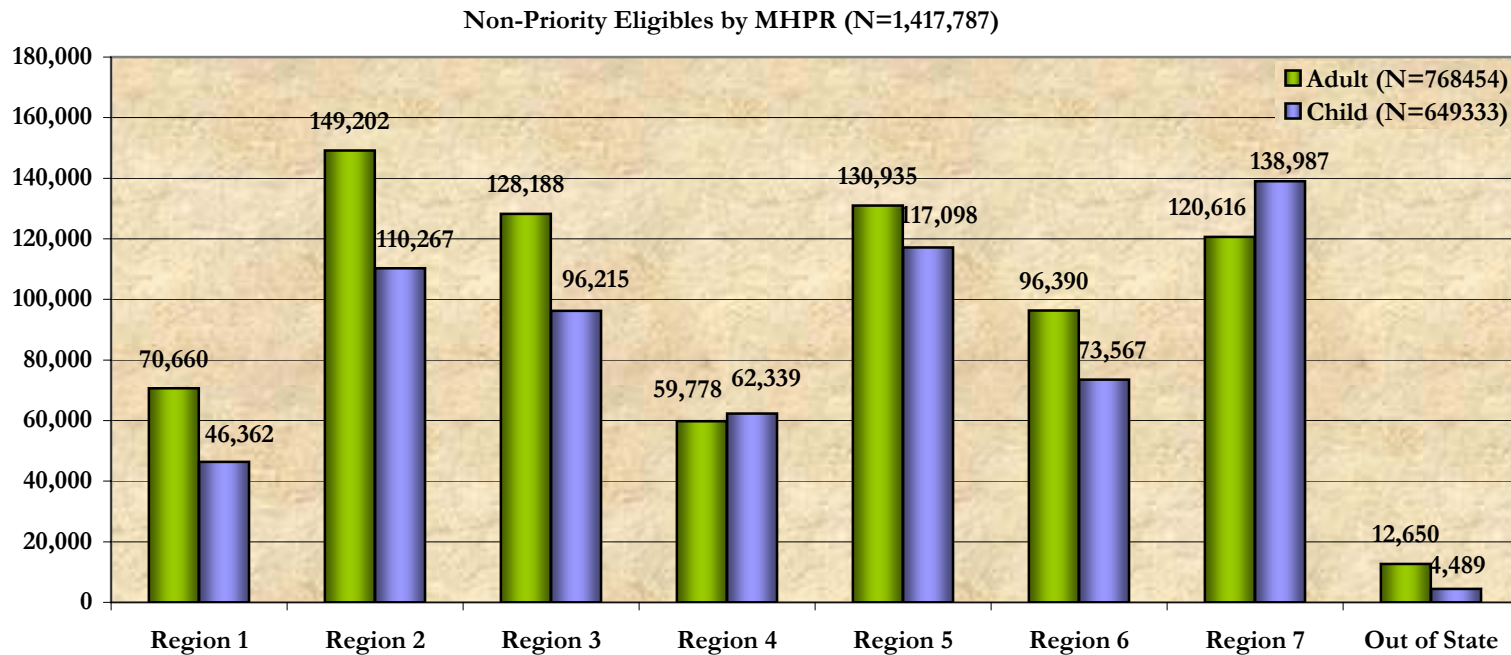
Number of Priority and Non-Priority Eligibles by MH Planning Region: FY 2006



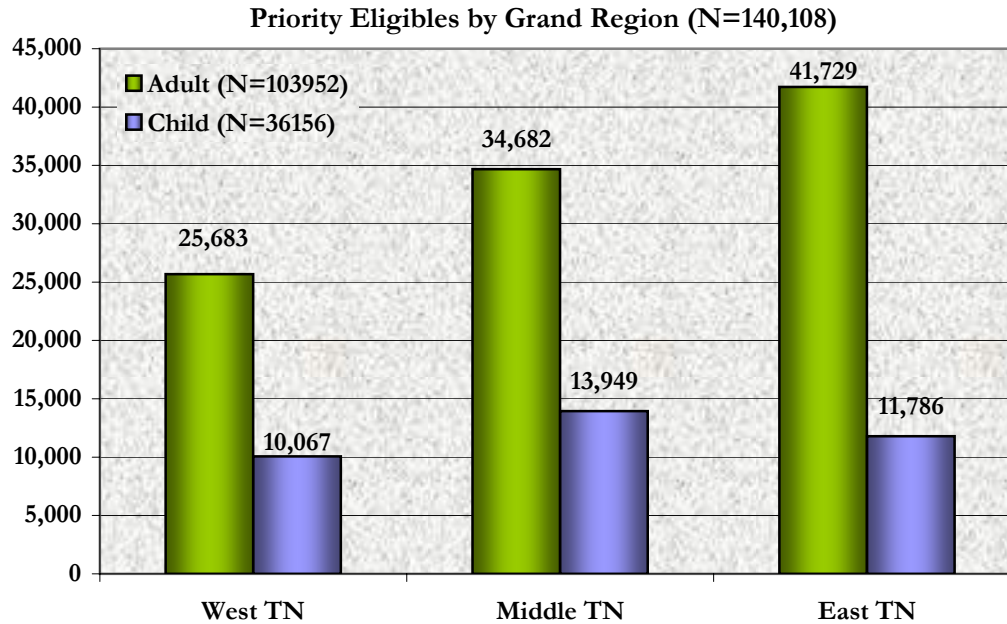
Priority population is defined as all SPMI and SED persons eligible to receive services through the Partners program for some period of time between 7/1/05 and 6/30/06, regardless of length of eligibility period.

These data do not include eligibles with State-Only or Judicial status.

Total eligibles (N) includes 1 priority and 44 non-priority eligibles of unknown region.



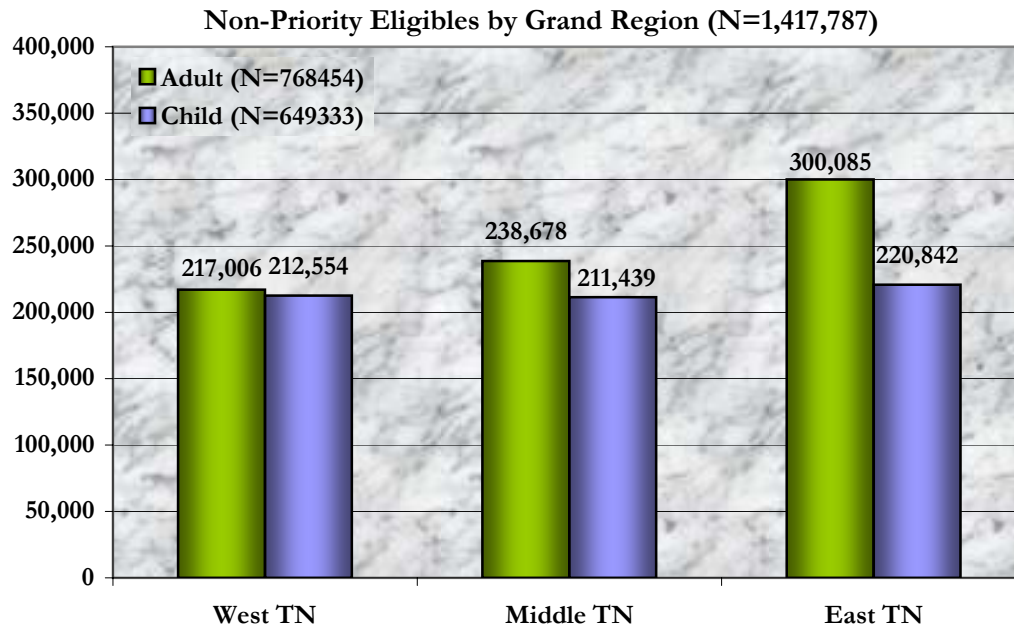
Number of Priority and Non-Priority Eligibles by TennCare Grand Region: FY 2006



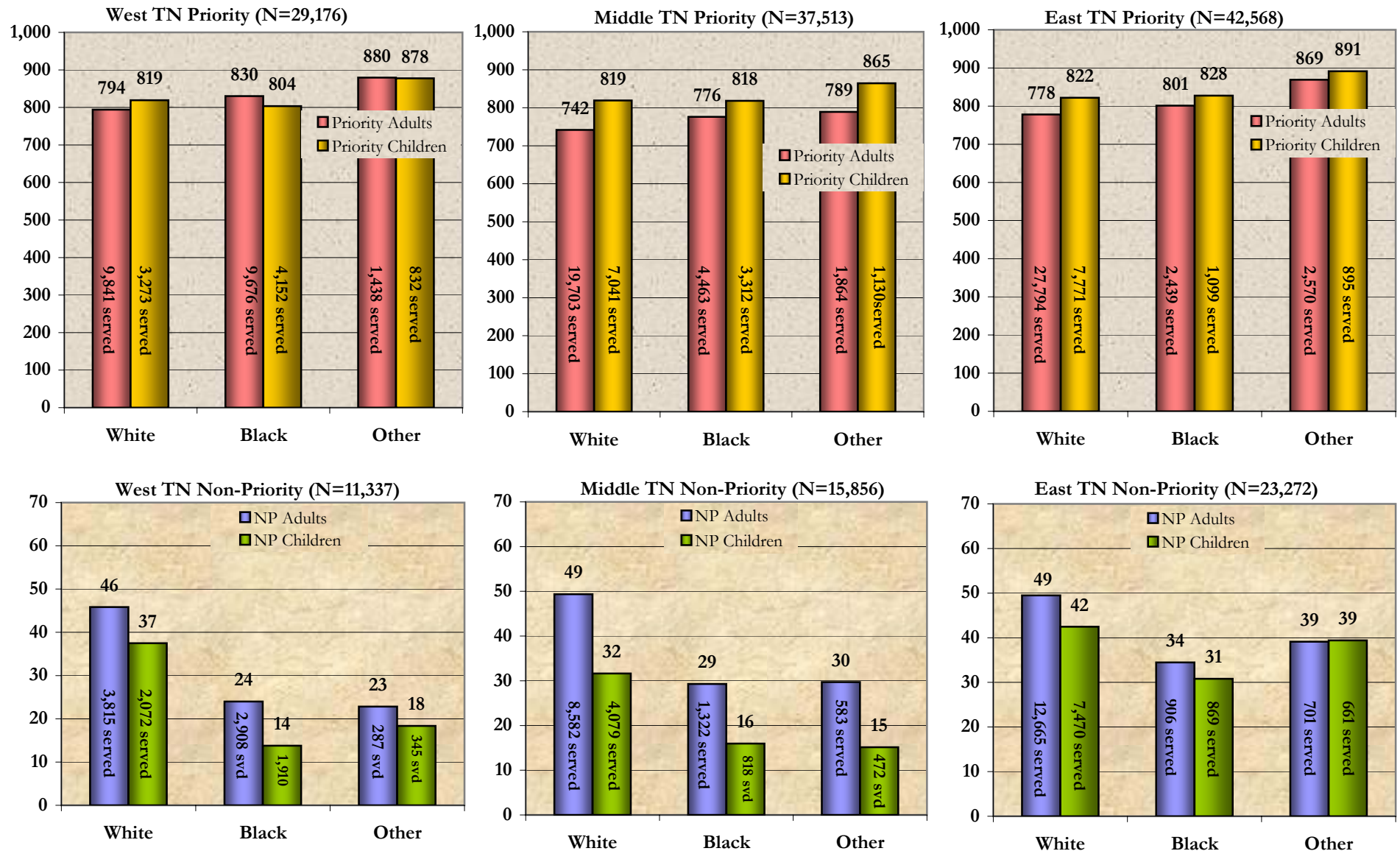
Priority population is defined as all SPMI and SED persons eligible to receive services through the Partners program for some period of time between 7/1/05 and 6/30/06, regardless of length of eligibility period.

Number of eligibles by Grand Region does not include out-of-state enrollees and 1 priority and 44 non-priority eligibles of unknown region.

These data do not include eligibles with State-Only or Judicial status.

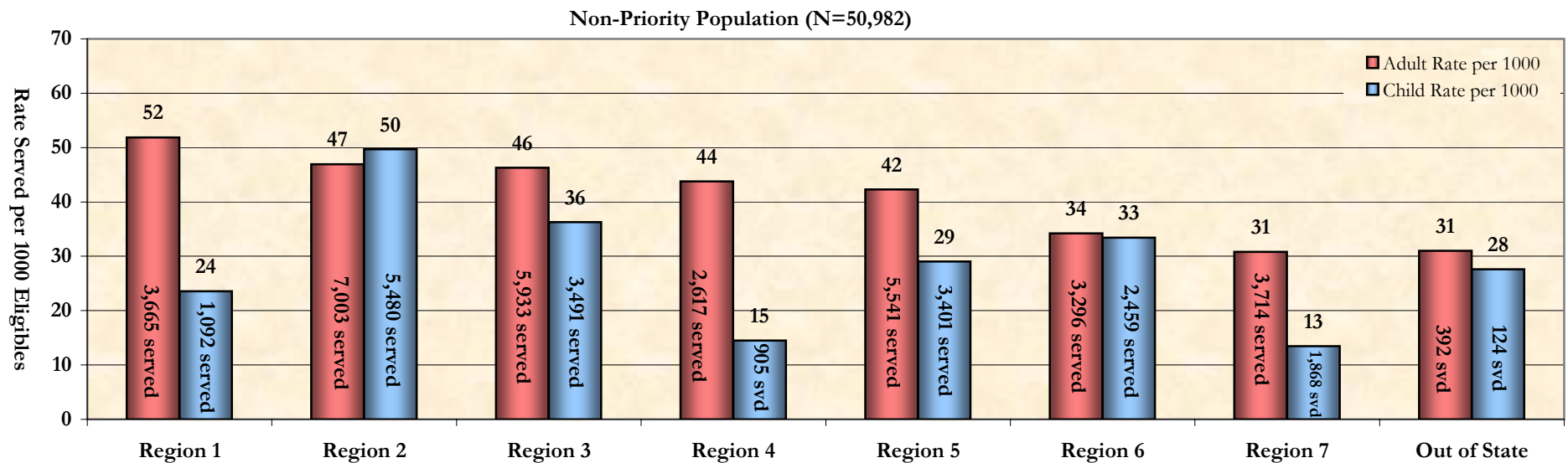
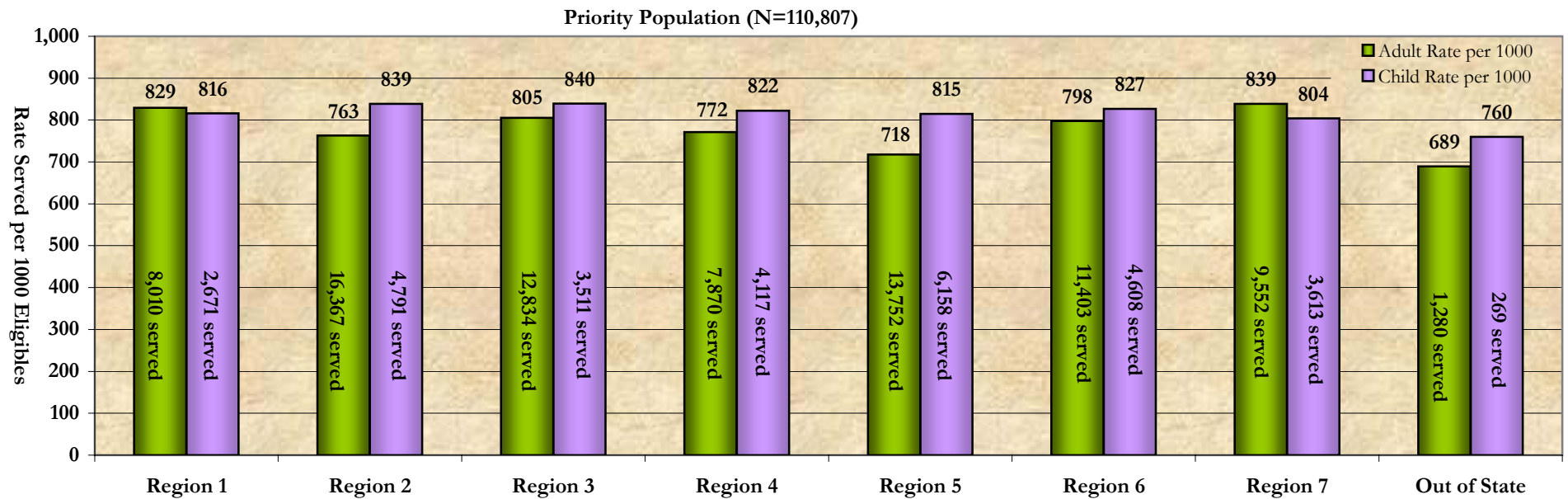


Rate of Persons Served per 1000 Eligibles and Number of Persons Served by Race by Grand Region: Priority & Non-Priority Adults & Children, FY 2006



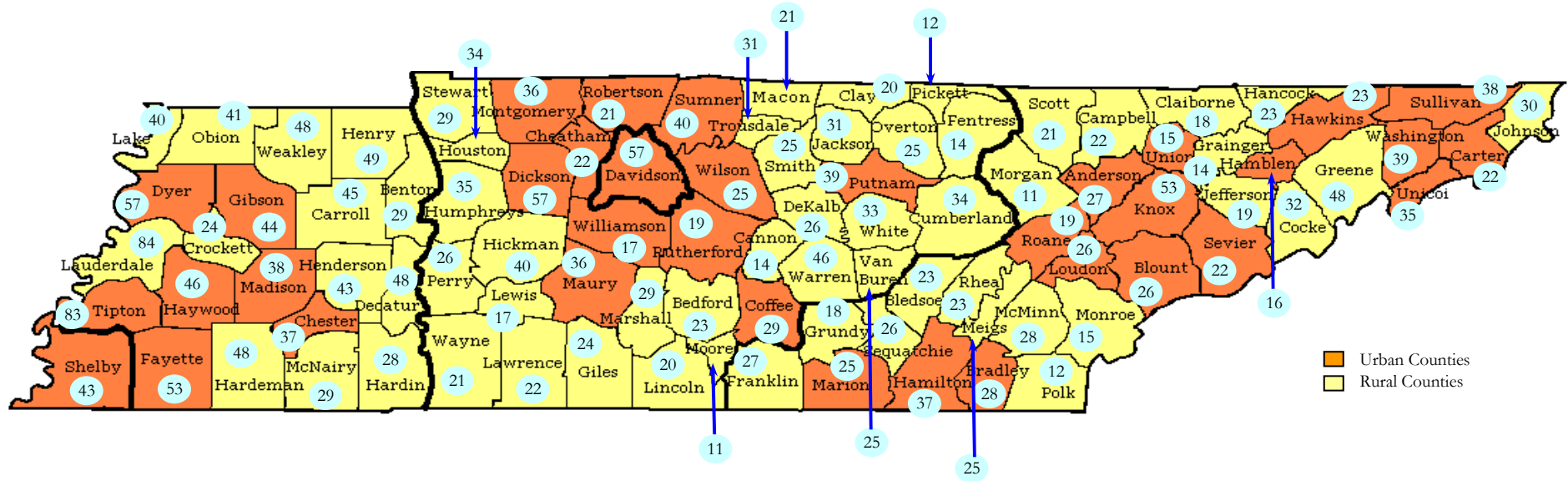
The sum of the persons served in these charts does not include out-of-state persons served and 2 adults served of unknown region. Persons served refers to the number of unique enrollees who received services through the Partners program 7/1/05 to 6/30/06. Rates are determined by dividing the number of priority/non-priority adults/children served in each region by the number of priority/non-priority adult/child enrollees in each region and multiplying by 1000.

Rate of Persons Served per 1000 Eligibles and Number of Persons Served by MHPR: Priority and Non-Priority Adults and Children, FY 2006



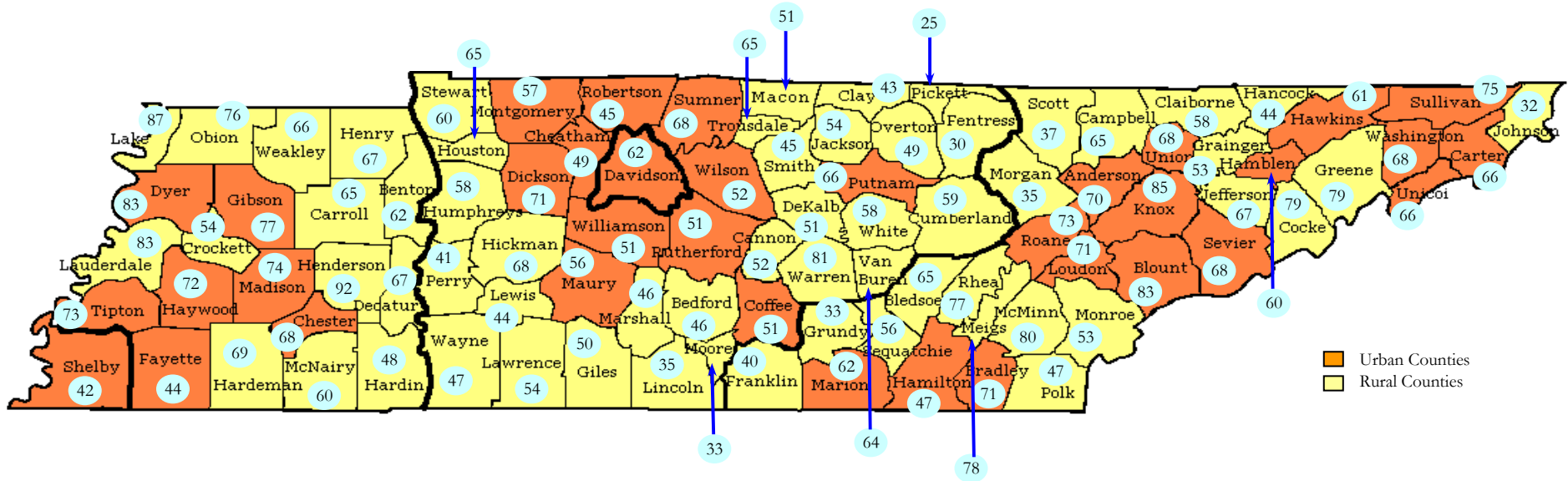
The sum of persons served in these tables does not include 2 adults served of unknown region. Persons served refers to the number of unique enrollees who received services through the Partners program 7/1/05 to 6/30/06. Rates are determined by dividing the number of priority/non-priority adults/children served in each region by the number of priority/non-priority adult/child enrollees in each region and multiplying by 1000.

Rate of Unduplicated Persons Utilizing Select Service Types per 1000 Eligibles: FY 2006 by County Case Management Services



Rates are determined by dividing the number of unduplicated eligibles residing in each county who received case management services by the total number of eligibles in each county and multiplying by 1000.

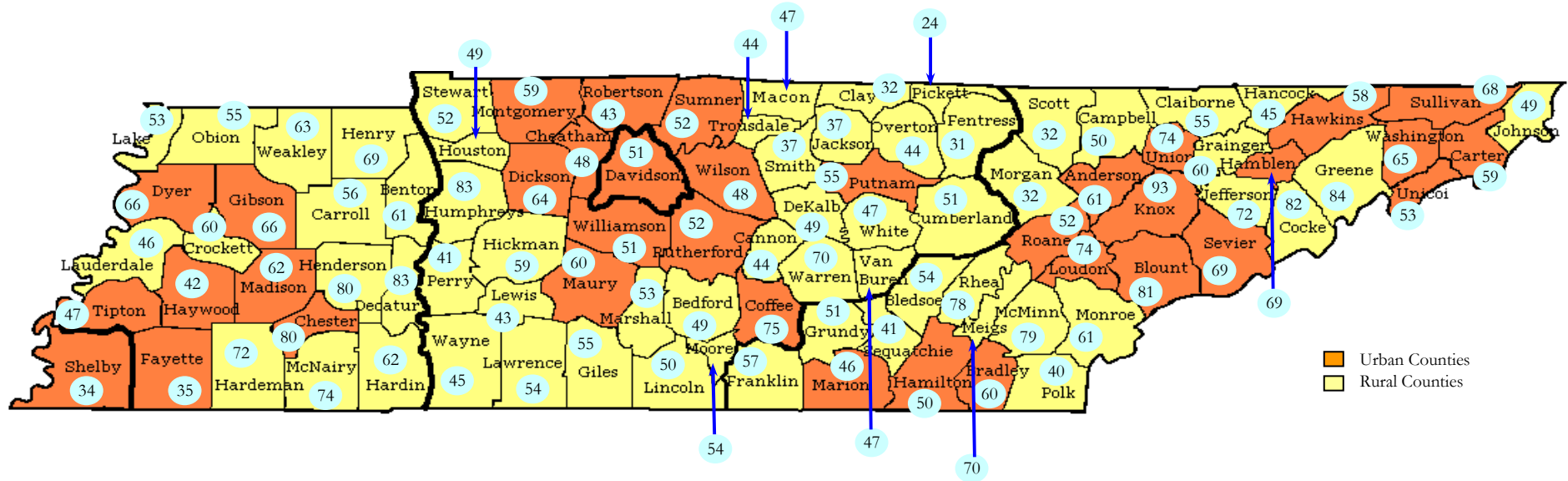
Rate of Unduplicated Persons Utilizing Select Service Types per 1000 Eligibles: FY 2006 by County Medication Management Services



Rates are determined by dividing the number of unduplicated eligibles residing in each county who received medication management services by the total number of eligibles in each county and multiplying by 1000.

Rate of Unduplicated Persons Utilizing Select Service Types per 1000 Eligibles: FY 2006 by County

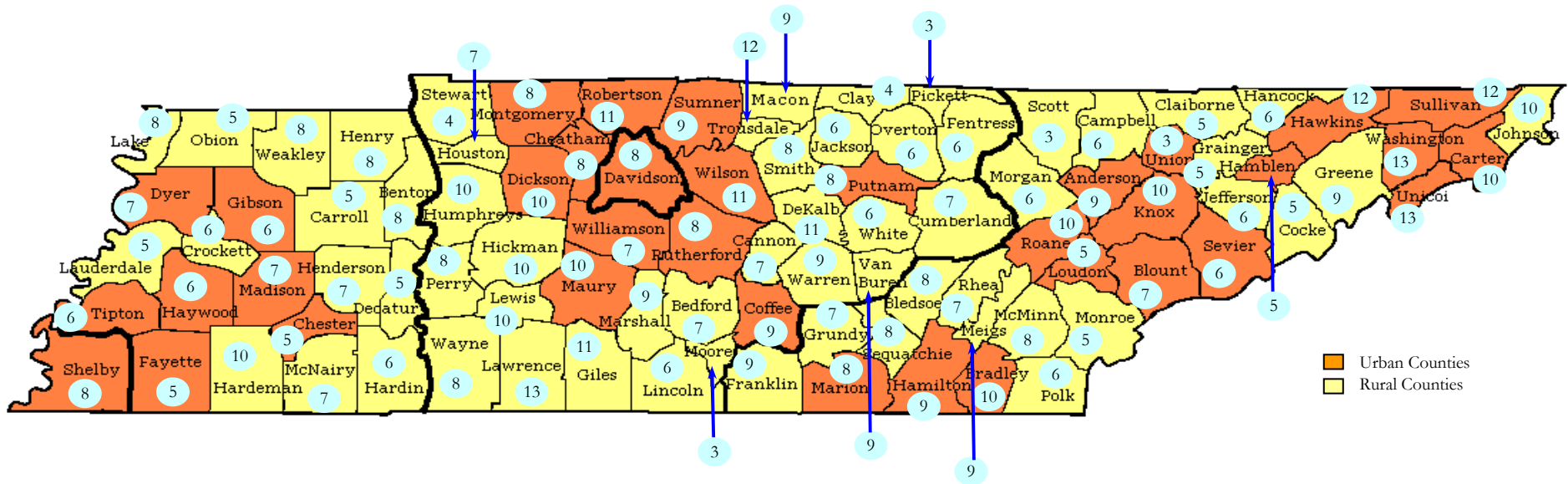
Outpatient Therapy Services



Rates are determined by dividing the number of unduplicated eligibles residing in each county who received outpatient therapy services by the total number of eligibles in each county and multiplying by 1000.

Rate of Unduplicated Persons Utilizing Select Service Types per 1000 Eligibles: FY 2006 by County

Psychiatric Hospitalization Services



Rates are determined by dividing the number of unduplicated eligibles residing in each county who received psychiatric hospitalization services by the total number of eligibles in each county and multiplying by 1000.